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## **BIB DATA SHEET**

## **CONFIRMATION NO. 1024**

SERIAL NUM	IBER FILING or			c) CLASS		GROUP ART UNIT			ATTORNEY DOCKET	
10/826,92					600		3735		1023-350US01	
	RULE		E							
Keith A. M  ** CONTINUING This appl  ** FOREIGN AI  ** IF REQUIRE	T. Heru Miesel, S G DATA n claims PPLICA D, FOR	s benefit of 6	0/553,783	03/16/	*					
O6/26/2004  Foreign Priority claimed			ter Ince	STATE OR COUNTRY MN	DRAWINGS CLA		TOTA CLAII	MS	INDEPENDENT CLAIMS 8	
ADDRESS SHUMAK 1625 RAI SUITE 30 WOODBI UNITED	DIO DR )0 JRY, M	N 55125	. A.							
TITLE  Collecting sleep quality information via a medical device										
FILING FEE RECEIVED	FEES: Authority has been given in Paper  No to charge/credit DEPOSIT ACCOUNT  No for following:						□ All Fees □ 1.16 Fees (Filing) □ 1.17 Fees (Processing Ext. of time) □ 1.18 Fees (Issue) □ Other □ Credit			